

CERTIFICATE OF DEATH

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VS 300 MO 580-2211 (1-10)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DARREL WAYNE BROWER				2. SEX MALE		3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE		4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) JANUARY 23, 2014	
5. SOCIAL SECURITY NUMBER [REDACTED]		6a. AGE - Last Birthday (Years) 67		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES		7. DATE OF BIRTH (Month, Day, Year) DECEMBER 10, 1946	
8. RESIDENCE (COUNTRY) UNITED STATES				9. RESIDENCE (STATE, TERRITORY OR PROVINCE) MISSOURI				10. BIRTHPLACE (City and State or Foreign Country) PAWNEE, OKLAHOMA	
11. STREET AND NUMBER 406 N PARK DRIVE				12. APARTMENT NO. [REDACTED]		13. ZIP CODE 64012		14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. MARITAL STATUS AT THE TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				17. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) LISA SUE MIZE			
18. FATHER'S NAME (First, Middle, Last, Suffix) HAROLD WAYNE BROWER				19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) BETTY JEAN WITT					
20. DECEASED'S NAME (First, Middle, Last, Suffix) LISA SUE BROWER				21. RELATIONSHIP TO DECEDENT WIFE		22. MAILING ADDRESS (Street and Number, City, State, ZIP Code) 406 N PARK DRIVE, BELTON, MISSOURI 64012			
16. PLACE OF DEATH (Check only one; see instructions.)									
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)									
17. FACILITY NAME (If not institution, give street and number) RESEARCH MEDICAL CENTER				18. CITY OR TOWN, STATE AND ZIP CODE KANSAS CITY, MISSOURI 64132		19. COUNTY OF DEATH JACKSON			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)				20b. DATE OF DISPOSITION (Month, Day, Year) FEBRUARY 03, 2014		21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) MT. MORIAH CREMATORY		22. LOCATION (City or Town, State) KANSAS CITY, MISSOURI	
23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MCGILLEY & GEORGE FUNERAL HOME & CREMATION SERVICES 611 CHESTNUT PO BOX 182, BELTON, MISSOURI 64012				24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH ALLEN L MEYER		25. FUNERAL ESTABLISHMENT LICENSE NUMBER 2003024097			
26. ACTUAL OR PRESUMED TIME OF DEATH 1:50 pm				27. WAS MEDICAL EXAMINER/HOCHNER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
28. PART I. Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.									
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>CARDIOGENIC SHOCK</u> Due to (or as a consequence of): b. <u>VAD ARREST</u> Due to (or as a consequence of): c. <u>ACUTE RESPIRATORY FAILURE</u> Due to (or as a consequence of): d.									
29. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.									
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown				31. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		32. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
33. DATE OF INJURY (Month, Day, Year) (Specify Month)				34. TIME OF INJURY		35. PLACE OF INJURY (e.g. decedent's home, construction site, restaurant, wooded area)		36. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
37a. LOCATION OF BURIAL - STATE				37b. COUNTY		37c. CITY OR TOWN		37d. STREET AND NUMBER	
37e. ZIP CODE				38. DESCRIBE HOW INJURY OCCURRED					
39. IF TRANSPORTATION ACCIDENT (SPECIFY) <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				40. CERTIFIER (CHECK ONLY ONE) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
SIGNATURE → <u>[Signature]</u>				41. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28) KYLE COFFMAN, MD 2316 E. MEYER BLVD KC, MO 64132					
42. CERTIFIER NO LICENSE NUMBER 2008021055				43. CERTIFIER NPI NUMBER 1992979785		44. DATE CERTIFIED (Month, Day, Year) 1/23/14			
45. REGISTERAR SIGNATURE [Signature]				46. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year) January 30, 2014					
47. DECEDENT'S EDUCATION (Check the box that indicates the highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input checked="" type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)				48. DECEDENT OF HISPANIC ORIGIN (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)				49. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.) <input checked="" type="checkbox"/> White (Specify) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown	
50. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE "RETIRED") GROOMER				51. KIND OF BUSINESS/INDUSTRY ANIMAL / PET					

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT.

EXHIBIT

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